

SERIAL NUMBER <div style="text-align: center;">09/431,067</div>	FILING DATE <div style="text-align: center;">11/01/99</div>	CLASS <div style="text-align: center;">380</div>	GROUP ART UNIT <div style="text-align: center;">2766</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">HERZBERG=1</div>
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APPLICANT

AMIR HERZBERG, RAMAT EFAL, ISRAEL; DALIT NAOR, TEL AVIV, ISRAEL; ELDAD SHAI, RAMAT EFAL, ISRAEL; BOAZ BARAK, TEL AVIV, ISRAEL.

****CONTINUING DOMESTIC DATA*******
VERIFIED

****371 (NAT'L STAGE) DATA*******
VERIFIED

****FOREIGN APPLICATIONS*******
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/26/99

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div>	STATE OR COUNTRY <div style="text-align: center;">ILX</div>	SHEETS DRAWING <div style="text-align: center;">3</div>	TOTAL CLAIMS <div style="text-align: center;">25</div>	INDEPENDENT CLAIMS <div style="text-align: center;">3</div>
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ADDRESS

SEE CUSTOMER NUMBER: 001444

TITLE

METHOD FOR OPERATING PROACTIVELY SECURED APPLICATIONS ON AN INSECURE SYSTEM

FILING FEE RECEIVED <div style="text-align: center;">\$980</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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